

<b>TRANSMITTAL FORM</b>	Application Number	10/747,938
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	December 29, 2003
	Inventor	M.A. SCHMISSEUR
	Group Art Unit	2113
	Examiner Name	Mujtaba M. Chaudry
	Attorney Docket Number	P17729

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ Replacement sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input checked="" type="checkbox"/> Comments on Statements of Reasons for Allowance	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Issue Fee Transmittal Form
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name:	William K. Konrad, Registration No. 28,868
Signature: /William Konrad/	
Date: January 29, 2007	January 29, 2007
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 310-556-7983	The Commissioner is authorized to charge to Deposit Account No. 50-0585 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees, and charge any other deficiency or credit any overpayment to this deposit account.

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below.		
Typed or Printed name:	William K. Konrad	Customer No. <b>46915</b>
Signature:	/William Konrad/	
Date:	January 29, 2007	